



MISSOURI DEPARTMENT OF NATURAL RESOURCES
STATE HISTORIC PRESERVATION OFFICE
SECTION 106 PROJECT INFORMATION FORM

Missouri Instruction 1940-G
Exhibit A
Attachment 9
Page 1

Submission of a completed Project Information Form with adequate information and attachments constitutes a request for review pursuant to Section 106 of the National Historic Preservation Act of 1966 (as amended). We reserve the right to request more information. **Please refer to the CHECKLIST on Page 2 to ensure that all basic information relevant to the project has been included.** For further information, refer to our website at: <http://www.dnr.state.mo.us/shpo> and follow the links to Section 106 Review.

NOTE: Section 106 regulations provide for a 30-day response time by the Missouri State Historic Preservation Office from the date of receipt.

PROJECT NAME

FEDERAL AGENCY PROVIDING FUNDS, LICENSE, OR PERMIT

APPLICANT

TELEPHONE

CONTACT PERSON

TELEPHONE

ADDRESS FOR RESPONSE

LOCATION OF PROJECT

COUNTY: _____

STREET ADDRESS: _____ CITY: _____

GIVE LEGAL DESCRIPTION OF PROJECT AREA (TOWNSHIP, RANGE, SECTION, ¼ SECTION, ETC.)

*USGS TOPOGRAPHIC MAP QUADRANGLE NAME _____

YEAR: _____ TOWNSHIP: _____ RANGE: _____ SECTION: _____

*SEE MAP REQUIREMENTS ON PAGE 2

PROJECT DESCRIPTION

- Describe the overall project in detail. If it involves excavation, indicate how wide, how deep, etc. If the project involves demolition of existing buildings, make that clear. If the project involves rehabilitation, describe the proposed work in detail. Use additional pages if necessary.

ARCHAEOLOGY (Earthmoving Activities)

Has the ground involved been graded, built on, borrowed, or otherwise disturbed?

- Please describe in detail: (Use additional pages, if necessary.) Photographs are helpful.

Will the project require fill material? ☐ Yes ☐ No

- Indicate proposed borrow areas (source of fill material) on topographic map.

Are you aware of archaeological sites on or adjacent to project area? ☐ Yes ☐ No

- If yes, identify them on the topographic map.

STRUCTURES (Rehabilitation, Demolition, Additions to, or Construction near existing structures)

To the best of your knowledge, is the structure located in any of the following?

☐ An Area Previously Surveyed for Historic Properties ☐ A National Register District ☐ A Local Historic District

If yes, please provide the name of the survey or district:

- Please provide photographs of all structures, see photography requirements.
- **NOTE:** All photographs should be labeled and keyed to one map of the project area.
- Please provide a brief history of the building(s), including construction dates and building uses. (Use additional pages, if necessary.)

ADDITIONAL REQUIREMENTS

Map Requirements: Attach a copy of the relevant portion (8½ x 11) of the current USGS 7.5 min. topographic map and, if necessary, a large scale project map. Please do not send an individual map with each structure or site. While an original map is preferable, a good copy is acceptable. USGS 7.5 min. topographic maps may be ordered from Geological Survey and Resource Assessment Division, Department of Natural Resources, 111 Fairground, Rolla, MO 65402, Tel: 573/368-2125, or printed from the website <http://www.topozone.com>.

Photography Requirements: Clear black and white or color photographs (minimum 3" x 5") are acceptable. Polaroids, photocopies, emailed, or faxed photographs are not acceptable. **Good quality photographs are important for expeditious project review.** Photographs of neighboring or nearby buildings are also helpful. All photographs should be labeled and keyed to one map of the project area.

CHECKLIST: Did you provide the following information?

- | | |
|--|--|
| <input type="checkbox"/> Topographic map 7.5 min. (per project, not structure) | <input type="checkbox"/> Other supporting documents (If necessary to explain the project) |
| <input type="checkbox"/> Thorough description (all projects) | <input type="checkbox"/> For new construction, rehabilitations, etc., attach work write-ups, plans, drawings, etc. |
| <input type="checkbox"/> Photographs (all structures) | <input type="checkbox"/> Is topographic map identified by quadrangle and year? |

Return this Form and Attachments to:

**MISSOURI DEPARTMENT OF NATURAL RESOURCES
STATE HISTORIC PRESERVATION OFFICE
Attn: Section 106 Review
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102**